

Transcription of RCGP Podcast

Deafness and hearing loss in primary care:
Interviewing patient with hearing aids and audiologist

**Featuring Dr Devina Maru, RCGP Clinical Champion for Deafness and Hearing Loss,
Frankie Oliver, Audiologist, and Linda Parton, a patient with bilateral hearing aids.**

Recorded on 28 February 2020 in London

**Dr Devina Maru**

So, hello and welcome to the podcast on Deafness and hearing loss in primary care. I'm Dr Devina Maru, a GP Specialty Registrar, currently based in Greenwich, Southeast London and I'm the RCGP National Clinical Champion for the Spotlight Project Deafness and hearing loss.

There are 12 million people with hearing loss across the UK and this is estimated to increase to 15.6 million by 2035. Action on Hearing Loss charity, NHS England and Improvement and Royal College of GPs have been collaborating with us to develop educational resources to give GPs the confidence in recognising the symptoms of hearing loss and making sure they refer people for a hearing assessment in a timely manner.

We aim to support the implementation of changes in surgeries to improve the accessibility of primary care services. So, this clinical spotlight project aims to raise awareness and educate GPs and trainees on Deafness and hearing loss and help reduce variations in accessibility of GP practices and make sure Deafness and hearing loss are considered across all aspects of primary care activity, including consultations and continued care.

Today, I am joined by Linda Parton, who is a patient with hearing loss and an audiologist, Frankie Oliver, who also works for Action on Hearing Loss charity.

Thank you both for joining us today.

Linda, can you share some of the experiences of your visits to your local GP and your thoughts and how GPs can support you?

**Linda Parton**

Okay. Well, and making an appointment can be the first difficulty. If you are expected to use the telephone, if you've got a hearing loss, that can be difficult, it would be good if there are alternative ways of making an appointment. We can make online appointments, but not for on the day. And you can't make appointments at my surgery for the nurse. Luckily, I live only five minutes away from the GP, so if I need to make an appointment, I pop in. But being able to use e-mail would be good.

The second thing is I think called staff, whether it's receptionist, doctors, nurses should be trained in communication with people with a hearing loss and they should know or expect that with older people, more people will have a hearing loss than don't. So even if people don't say I've got hearing aids or a hearing loss, I might well have.

Waiting room ambience…. oh, dear. Sometimes there's raucous music, a lot of people chatting. People come out and call your name, not very loudly, maybe even to your back. And you don't hear. People miss appointments because of that.

Then you go into the consulting room and the nurse or the doctor is sitting with their back to the window. You're facing the can't see their face. And then as soon as you've talked about why you're there, they turn to their computer and have their back to you. So, some basic lessons in that.

I think all clinical staff should be trained on the impact of hearing loss. People might be saying more than they're actually saying when they say they've got a problem with the hearing.

There seems to be more and more emphasis on telephone consultations, which is just not appropriate for many people with a hearing loss. And the other thing is that clinicians should be aware that even if they're not talking about hearing loss, the person might not have heard them very well. So are the people who are going backwards and forwards to the same thing. Maybe it's because they haven't heard what the doctor or the nurse has said to them. So, lots of basic common-sense things, but things which could make a huge difference.

**Dr Devina Maru**

These are valuable insights Linda, thank you. I completely agree with you Deaf awareness training amongst all the doctors and the staff within GP practice is absolutely important.

I know hearing loss can have a major impact on daily functioning and quality of life. Research shows that hearing loss doubles the risk of developing depression, increases the risk of anxiety and other mental health issues. How has your hearing loss impacted on you and how do you feel GPs can support you?

**Linda Parton**

Well, the first thing was I had to give up work because of my hearing loss. I was doing some overseas consulting work. In my last placement I couldn't hear what was being said in meetings. I couldn't hear even one to one. If the person I was speaking to was young, female, high pitched voice. And my job involves talking to government ministers, diplomatic people you can’t say, what did you say? too often to those people. At home, I struggled to enjoy the company of family, especially grandchildren. I couldn't watch TV with them, in a group I couldn't follow what was going go on, family meals in or out were impossible. I started going into myself and not taking part. Even such a simple thing as shopping became a nightmare. I dreaded meeting somebody in the street in case I couldn't hear them. Going into shops - there's only so many times you can say, how much was that? I just begun to feel an idiot. I was very fortunate that my GP was very understanding, and as soon as I went and said I'd got problems with communication, they referred me to an audiologist.

I was one of the people that were referred. The audiologist was efficient, and I got hearing aids on my first visit and the world was a different place. Not only did the hearing aids help me to hear better, but I became more confident and validated in saying sorry, I've got a hearing loss I need help with… whatever it was I needed help with. Now I have a fantastic life because I've got hearing aids. But I dread to think what life would be like without them, I couldn't do all the things that I do.

I would hope that GPs gain a full insight into the impact of hearing loss and also follow the NICE guidance on referral. I’d also hope that they check with people who've been referred that they they've got it getting on okay with their hearing aids and if people are not ... have information there to help them. Action on Hearing Loss has got a fantastic range of information. And there's the wonderful see to hear videos that are available for free, online that help people cope with the hearing aids. So, if GPs know about it, they can help people cope better. I think GPs also need to recognise that some people may not know that they've got a hearing loss, so people might be repeatedly going back to the surgery with the same thing. People may be going reporting that they're lonely and isolated or they've got depression. Maybe GP should be a bit proactive in that case. Let's see.

**Dr Devina Maru**

Thank you, Linda. That's very useful. And I'm glad you've had a positive experience with your hearing aids. You mentioned Action on Hearing Loss, and we have Frankie here who is an audiologist and works for Action on Hearing Loss charity. Welcome, Frankie.

So, Frankie, evidence suggests from access all areas report that people wait on average 10 years before seeking help for their hearing loss and when they do GPs fail to refer 30 to 45 percent to NHS audiology services.

So firstly, tell us more about your role as an audiologist.

**Frankie** **Oliver**

So, an audiologist is a health care professional who diagnoses, advises and helps facilitate management of hearing loss, tinnitus and vestibular disorders. Traditional adult or rehabilitation. So hearing aids involves testing people's hearing, fitting hearing aids and counselling and advising on how to manage hearing loss. But we also follow up, checking people's progress and helping them maintain and care for their hearing aids. So, no one's ever really discharged from audiology. There are subspecialties also. And these are performed mainly by clinical scientists. And these are things such as paediatric audiology, audio vestibular clinics, tinnitus clinics and hearing therapy. And the role of the audiologist is constantly evolving. For example, some procedures that traditionally would be maybe carried out by medical professional are now routinely carried out by audiologists. And as technical technology is improving, we could see the profession evolving further. We have already seen so much change over the last 20 years with the advent of digital hearing aids to the NHS and future innovations such as remote care and telehealth will hopefully help more people access audiology in the future.

**Dr Devina Maru**

Oh, that's reassuring that there are so many subspecialties within audiology. But how would you ensure GPs refer to the right speciality?

**Frankie Oliver**

First of all, it's essential to be aware of the local pathways because there can be variation across services. For example, some CCGs may have several different audiology providers under the AQP pathway, so any qualified provider. Also just being aware of the referral criteria, like Linda said. This may change locally, but NICE guideline for hearing loss and recently published guidelines for tinnitus, as well by NICE, are clear on when, where and why referral should be made.

And also, the British Academy of Audiology has published a guideline to help inform audiologists when they should refer on. But this could also be useful for GPs as well. It's also important just to consider patient choice. So, if someone is being referred to adult audiology, for example, and they may prefer to be seen in a hospital setting, some may prefer to be seen on the high street, in the NHS now, you could in some places, you do have that choice. And some people might prefer to be seen in one over the other and the GP should be able to give that option to the patient as well.

**Dr Devina Maru**

Okay. And as audiologist, what information would you find useful from the GP in their referral letter to improve the management for the patient? As I'm sure you receive a lot of letters from GPs?

**Frankie Oliver**

Yeah, we do receive letters from GPs, the referral letters. Of course, any clinically relevant information would be really, really useful. So key things being any history of tinnitus, vertigo, ear infections, surgery or if they have any wax as well. So occluding wax can cause a huge amount of disruption to an audiology clinic. We can't do a hearing test if there's occluding wax. We can't look in the ear, we can't see the eardrum. So, it can be a huge waste not only on our time, but also the patient's time as well.

So that would be really useful to have that recorded in the letter and if possible, have the wax removed. I'd also like to touch on the point that you made earlier about the evidence showing that on average it takes 10 years for people to seek help for their hearing loss. And then added to that 30 to 45 percent of people not referred when they do, so, as well as putting clinically relevant information in the referral letter also, just making more referrals would be really, really great because evidence shows that the sooner someone starts wearing hearing aids, the better they will manage with the hearing aids, they'll be able to get used to them much faster if their hearing loss is more mild and they will gain more benefit from them as well. And there's also a growing body of evidence to suggest that there's a link between kind of hearing loss and dementia, but also, as Linda mentioned, social isolation and depression. There's all these links with hearing loss and other conditions that could potentially be helped by fitting a hearing aid early.

**Dr Devina Maru**

Okay, so for all these GPs, trainees and everyone listening out there, make sure you refer early. So, what resources are there to help GPs during the consultations with the patient with hearing loss, or even accessing a GP?

**Frankie Oliver**

So, Linda touched on this earlier as well. So making sure that you've got accessible ways of booking appointments and if being when you're actually in the clinic making sure that there's some general deaf awareness. So making sure that you face the person when you're talking to them, communication tactics like that, not having your back to a window so you can't see your face lip read. It's essential to know the accessible information standard. This is the law and aims to make sure people with a disability or sensory loss are given information they can understand and the communication support they need. They can understand it in a way that suits them. So, for example, if someone is really, really struggling to hear there are devices like personal listeners or amplifiers. And this is essentially a pair of headphones were attached to a microphone. So, if you're really struggling to communicate with a patient, that might be a useful thing to have just in the practice that you can you can use it for that situation.

Linda also mentioned this, that people are often frustrated in health care settings in general if they can't hear themselves being called into the appointment. So, having kind of an accessible way to know when it's your turn and booking an appointment, say, online or face to face is really, really good. And deaf awareness training, I think is the probably the most important thing.

And being aware of other conditions so often you do see patients with dementia and hearing loss at the same time, and sometimes the two conditions can be confused as well. So when I was in clinic, I had a patient come in. He came from a care home who was with a carer and he just didn't seem very responsive to me and having seen lots of patients in this kind of situation. Sometimes you do. He was wearing hearing aid so I assume they were working and he was not really engaging with me. So I took his hearing aids out. Neither of them had a working battery. And I just changed the batteries, put them back in and it was like I was speaking to a different person. So it's really, really easy to make certain assumptions and the two conditions can be quite easily confused or that could be both. But just making sure that the really simple things are dealt with as well is and being aware of those things would be really, really useful.

**Dr Devina Maru**

 Thank you, Frankie, that's very useful and GPs should ensure they check the batteries of the hearing aids.

And they're also government schemes out there, so if the person is still in employment, they can obtain assistive devices through the Access to Work Government Scheme. If they are still in education, they can obtain assistive devices through the Disabled Students Allowance Scheme and for adults who are not in employment, some boroughs may also be able to provide some equipment through their sensory services team, if that's available, so make sure you check your local services. There's also the Veterans Hearing Fund. It provides support to veterans who suffered hearing loss during service. So, this program may be able to fund hearing aids, peripherals or therapies such as lip reading and tinnitus management therapies so that’s quite important for GPs to be aware of as well.

Thanks, Linda and Frankie, for both joining me today and sharing your stories and advice with us has been very useful. Thank you.

Hopefully listening to this podcast, you can understand the needs of our patients better and understand the psychological impact hearing loss can have. As discussed there are many resources available to help during consultations and top tips from our audiologist about referring, assistive devices and government schemes. Tune in for part two of our podcast where we'll be speaking to a GP with an interest in ENT and a previous ENT surgeon who has now trained as a GP and is a clinical entrepreneur in the field of deafness and hearing loss.

Thank you, Linda, and thank you Frankie.